

## Request for Emergency Family and Medical Leave

Kentucky Wesleyan College

*To request Emergency Family and Medical Leave (Emergency-FMLA), read this form carefully and complete each item. Please print or type responses. Submit the completed form to Linda Keller in Human Resources.*

**I. Employee name:** \_\_\_\_\_

### II. Qualifying need and required information

- A. I have a qualifying need for Emergency-FMLA as I am unable to work or telework due to a need for leave to care for my son or daughter under 18 years of age as their school or place of care has been closed, or the child care provider for my son or daughter is unavailable, due to the COVID-19 pandemic. By checking here \_\_\_\_\_ I verify that this is true.
- B. Name and age of the child (or children) for whom you are caring:  
\_\_\_\_\_
- C. Name of the school that has closed or place of care that is unavailable:  
\_\_\_\_\_
- D. During the period for which the employee is requesting Emergency-FMLA, no other suitable person is available to care for the child(ren) above, and you will be providing care for the child(ren). By checking here \_\_\_\_\_, I verify that this is true.
- E. If the child is (or children are) older than fourteen, special circumstances exist which require you to provide care for the child (or children) older than fourteen during daylight hours. By checking here \_\_\_\_\_, I verify that this is true.
- F. Special circumstances: \_\_\_\_\_

### III. Dates requested for leave

Emergency-FMLA provides up to 12 weeks of job-protected leave for an employee with a qualifying need.

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

### IV. Use of PTO and/or Emergency-PSL

The first two weeks of Emergency-FMLA are unpaid under the act; however, employees may use Emergency-PSL during this time. The last ten weeks of Emergency-FMLA are paid at two-thirds the

employee's regular pay rate, up to \$200 per day. If your regular pay rate is over this maximum, you may supplement this leave with PTO.

\_\_\_\_\_ Not applicable. I am part-time and not eligible for PTO.

\_\_\_\_\_ Yes, I want to supplement my Emergency-FMLA with available PTO.

\_\_\_\_\_ No, I do not want to supplement my Emergency-FMLA.

**Employee signature**

By completing this form and signing below, I am requesting Emergency-FMLA and have accurately completed this form. I understand that providing false or misleading information regarding the need for Emergency-FMLA may be grounds for disciplinary, up to and including termination of employment.

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_